

040000860442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600073120306

05/01/06--01026--015 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY - 1 PM 1:50

*Handwritten signature*  
DSS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTHPRO, INC.

**DOCUMENT NUMBER:** P04000086442

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN SPIEGLER

(Name of Contact Person)

HEALTHPRO, INC.

(Firm/Company)

1930 N COMMERCE PKWY, SUITE 2

(Address)

WESTON, FL. 33326-3244

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN SPIEGLER

(Name of Contact Person)

at ( 954 ) 349-1243

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

